TOWN OF FENWICK ISLAND

BID PROPOSAL FORM

Please read and execute the **BID PROPOSAL FORM**.

By signing below, I hereby acknowledge that I have read the Instructions to Bidders, Special Conditions / Scope of Work and Specifications for the provision of the Beach Service and propose to furnish the Beach Service in accordance with the following specifications and as follows:

Obligations of Concessionaire in performing the work for which this proposal is submitted:

- ☐ Maintain and keep in force such insurance as will protect Concessionaire from claims under Workers' Compensation Acts and also such other insurance as will protect the Concessionaire and the Town from claims for damages for personal injuries, including death, which may arise in connection with Concessionaire's work.
- □ Furnish the Town of Fenwick Island with certificates evidencing Workers' Compensation insurance and comprehensive general liability insurance, with companies and amounts as approved by the Town. Such comprehensive general liability insurance shall include, but not be limited to: (1) bodily injury liability, (2) property damage liability that specifically provides for insurance on underground hazards, and (3) liability for products/ completed operations.

The following minimum general liability insurance must be maintained for the performance of the work for which this proposal is being made:

Bodily Injury and Property Damage Liability: Limit - \$1,000,000 / Combined Single Limit

Products and Completed Single Operations: Limit - \$1,000,000 / Combined Single Limit

- Concessionaire shall give the Town of Fenwick Island ten (10) days' notice if any of the insurance evidenced by the certificates submitted with this proposal or pertaining thereto is reduced or terminated.
- Certificates of insurance are to be furnished with this proposal.
- Concessionaire agrees to be solely responsible for his/her employees' safety while working for the Town. The Town reserves the right to inspect for safety violations of the Occupational Safety and Health Act of 1970 and any subsequent amendment; and if found in violation, the work will cease until the necessary corrections are made.
- Concessionaire agrees to hold the Town harmless from any and all liabilities arising out of any accidents or injuries while performing work for the Town.
- □ Concessionaire shall maintain Liability and Workers' Compensation Insurance policies with the amount approved by the Town.

- □ The first payment of one half of the amount bid for each year is payable to the Town of Fenwick Island on June 20, 2016, no later than 4:00 p.m. The remainder of the Bid is due on July 29, 2016, no later than 4:00 p.m.
- Concessionaire agrees to furnish labor and equipment complete in accordance with the above provisions and specifications for the sums indicated. Proposals may be withdrawn by Concessionaire if not accepted by the Town within thirty (30) days. Upon Notice of an Award, the Concessionaire shall commence work on Saturday, May 29, 2016, at 10 a.m. through Sunday, September 18, 2016, at 5:00 p.m., subject to supervision and inspection by the Town Manager.
- □ The Contract entered into between the Town and the Concessionaire (should the Concessionaire be the successful Bidder) may NOT be assigned to any third-party Concessionaire.

Concessionaire Signature	Date
Print Name	-
Title	_
Company	-
Mailing Address	-
E-mail	_
Acknowledgment of all Addenda (if any)	-

TOWN OF FENWICK ISLAND

PREQUALIFICATION APPLICATION

FAILURE TO COMPLETE THIS FORM OR ANY PORTION THEREOF MAY RESULT IN THE BID BEING DEEMED INCOMPLETE AND, ACCORDINGLY, YOUR BID MAY BE REJECTED.

In completing the informational questions below, if additional space is needed, attachments to this form are acceptable, provided the additional information is identified by question number and the attachment is stapled hereto. The form may be modified to insert answers, but all questions and requested information must be completed and unchanged.

BIDDER'S ORGANIZATIONAL STATUS (check	c one):		
() CORPORATION	() INDIVIDUAL		
() PARTNERSHIP	() OTHER (SPECIFY)		
Name of Organization(Or Individual)			
Business Address	City		
State	Zip Code		
Business Phone	Name of Contact		
Organized Date Business Purpose			
Present Employment			
If a Corporation: List below the names and addres	ses of corporate officers and amount of stock owned		
by each, either legally or equitably. Also, indicate	where incorporated and if qualified to do business in		
the State of Delaware.			
If a Partnership, Individual or Other non-corporate	Entity: List below the names and addresses of all		
persons having any financial interest in the organization			

EXPERIENCE QUESTIONNAIRE

- List chronologically other similar businesses presently operated by the organization, or by persons having management control of the operation. Include addresses.
- 2. State the experience, qualifications and background of all persons having management control of the organization in a similar business.
- 3. Will you be engaged in any other business or employment in addition to that for which you are bidding? If so, state the nature and location.
- 4. Have you examined the Town of Fenwick Island Beach and existing facilities to be furnished by the Town?
- 5. For your record keeping:
 - A. Will you use a public accountant?
 - B. If not, who will keep your records?
 - C. Will you use a general ledger?
 - D. If not, explain your bookkeeping system?
- 7. Give a description in detail of your plan of operation:
 - A. Personnel:
 - (1) List full time employees, position titles and average numbers of hours per position.
 - (2) List part time employees, position titles and average number of hours per position.
 - (3) List name (if known), experience and qualifications of your proposed manager.
 - B. List below any items you will offer for rent (chairs and umbrellas), including size, approximate quantities and approximate initial rental prices (attach additional sheets if necessary).

	C.	Describe below how you will market the Beach Service.		
	D.	cleanliness of facilit		ensuring: quality customer service, nance of facilities and equipment. , if applicable.
	Е.	List any training the and the clientele they		ve relative to the jobs they perform
8. Have you ever been bonded?			?	
	Have	you ever been refused	a bond?	
	Please	e name of bonding com	npany that has written a surety bo	ond for you.
	Name	of Bonding Company	Address	Amount
	Name	of company (or bank)	that will write a surety bond (or	letter of credit) for you.
9.	List tv	wo (2) credit references	s:	
	Name		Address	Phone Number
10.	List tv Name	vo (2) professional refe	erences: Address	Phone Number
11.	Liens, A.	hs, Suits, Judgments, Defaults and Contingent Liabilities. Have you (or any corporation, partnership or other entity under your control) ever been adjudicated as bankrupt?		

- B. Have you (or any corporation, partnership or other entity under your control) ever failed to fulfill the requirements of a lease or contract?
- C. Are there any judgments, suits or claims (civil or criminal) pending against you (or any corporation, partnership or any other entity under your control)?
- D. Are you (or any corporation, partnership or other entity under your control) acting as endorser for others on their notes or accounts? (If answer is yes, you must include this amount as a contingent liability on your financial statement.)
- E. Explain fully any affirmative answers to Question 11.
- 12. You may, if you desire, provide a narrative that would include anything you feel might assist the Town of Fenwick Island in evaluating your experience, finances or plan of operation.

The subscriber of this questionnaire guarantees the truth and accuracy of all statements and of all answers to questions herein made. The Town of Fenwick Island is authorized to make any inquiries deemed necessary to verify the accuracy of the information herein, including but not limited to, procuring consumer reports from consumer reporting agencies, obtaining a criminal background check, obtaining credit information from financial institutions and extenders of credit, present and past employers and references.

	Signature of Bidder
State of):SS
County of)
Persona	y appeared before me the above
who swore to	ne truth of the above statement and subscribed to it before me a Notary Public this
day of	, 20
	Notary Public